



# Provider Focus



January 2004

A monthly update focusing on your needs.

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## Mass Adjustment Pending

To ensure the accuracy of claims coding, we use software that automatically audits codes before the claims are paid. For example, the software validates the relationship between procedures and diagnosis codes, searches for duplicate codes, and makes sure that certain codes match the member's gender (for example, avoiding billing childbirth for a male patient).

It was recently discovered that the software did not audit the claims in categories of service 430 (Physician Services) and 540 (Federally Qualified Health Center). As a result, claims processed through November 24, 2003, might have overpaid. Therefore, we plan to make mass adjustments to these claims. Check your remittance advice text messages and Web banner messages for more information about the mass adjustment plan.

### What are Mass Adjustments?

Mass adjustments are an effective way to systematically reprocess claims that have the following issues:

- System corrections
- Electronic claim submission errors
- Fee changes to certain procedure codes

Mass adjustments are identified by a Transaction Control Number (TCN) that begins with the number "4."

In the case of a system issue, mass adjustments are not released until the system issue is corrected. Some claims will remain in a suspended status while ACS corrects the system. Once the system is corrected, the claims will be released for adjudication. ▲



## Keep Rendering and Payee Numbers Current

Keeping your information current is extremely important. Outdated information is the most common reason for receiving a payment in error. In the Georgia Medicaid system, claims are filed at the *rendering provider* number level; however, the payments are made to the *payee provider* number on record. Sometimes the payee provider number is the same as the rendering provider number. However, in the case of several facilities or categories of service, the rendering and payee provider numbers are different. Please review your remittance advice to make sure that the correct payee number is assigned to you.

Consider this example: In a medical practice of 10 doctors, each doctor has a separate rendering provider number. At the same time, that practice has its own payee provider number. Services provided by any of the 10 doctors are associated with

the practice payee provider number; so all payments are made to the payee number (of the practice).

Should a doctor leave the practice, but fail to update the Medicaid system's rendering provider affiliation data, that doctor remains linked to the previous (and now incorrect) payee provider. Until the system is updated, claims payments will continue to go to the old practice.

### How to Update Your Information

If you need to update your rendering provider affiliation data, contact the Customer Interaction Center at 404-298-1228 (metro Atlanta) or 800-766-4456 (toll free). If you receive electronic payments directly to your bank account, request that the bank account on record be changed and request that the ACS banking group be notified. The customer service representative will know which documents you will need to authorize the change. ▲

## Medicare Auto Crossovers Update

As of December 26, 2003, ACS had eliminated 96 percent of the backlog (representing over 2.5 million claims) of Medicare Crossovers that had not been processed for payment. All of the backlogged claims from Blue Cross Blue Shield of Alabama (BCBS AL), Blue Cross Blue Shield of Georgia (BCBS GA) and Durable Medical Equipment Crossover (DMERC) have been processed. ACS is now adjudicating all crossover claims from these entities during the week in which they are received. If you have not been paid for a Part B claim submitted by BCBS AL, BCBS GA or DMERC, ACS may not have your Medicare ID or it may be invalid. Please contact the Customer Interaction Center at 404-298-1228 (metro Atlanta) or 800-766-4456 (toll free) to verify your Medicare ID.

Four percent (111,107) of crossover claims remain backlogged. DCH policy and reimbursement analysts, along with their ACS counterparts, meet regularly to discuss strategies for dealing with the remaining system issues and DCH policy issues that affect these crossover claims. The claims backlog remains a priority until it is eliminated. ▲

## HIPAA Compliance to National Code Sets Update

As communicated in previous newsletters and banner messages, the Department of Community Health has initiated a staged approach to implementing the national code sets by July 1, 2004. The providers in the following categories of service will be the first to use these codes:

370 Emergency Ground Ambulance

371 Emergency Air Ambulance

Claims submitted for the above categories of service with dates of service on or after February 1, 2004,

must use a national code or that claim will be denied. Please refer to your most recent part II policy manual, posted to the GHP Web Portal, for the appropriate national codes.

1. Go to the GHP Web Portal ([www.ghp.georgia.gov](http://www.ghp.georgia.gov)).
2. Click the **Provider Information** tab.
3. In the Medicaid Provider Manuals box, click **View Full List**.
4. Click the appropriate link to access the policy manual. ▲



# 1099 Production Update

ACS will mail all provider 1099s by January 31, 2004. Due to postal delays during the holidays, refund payments you made at the end of the year may not appear on your 1099. If you receive a 1099 that does not reflect an overpayment refund that you remitted and ACS received prior to December 31, 2003, you can request a new 1099 through March 31, 2004.

Account receivable balances related to advance payments are included in your 1099 income amount.

## Have You Received Your Financial Reconciliation Report?

For in-depth information about financial reconciliation reports, see the December issue of the **Provider Focus**. See "Financial Reconciliation Reports Mailed in November" on page seven. This article details when the reports were sent, how to get a report if you didn't receive one and how to return payments to DCH. To access this document on the Web, follow these steps:

1. Go to the GHP Web Portal ([www.ghp.georgia.gov](http://www.ghp.georgia.gov)).
2. Click the **Provider Information** tab.
3. In the Banner Messages box, click the **View Full List** link.
4. Click the **December 2003 Provider Newsletter** link.

If you have questions, call the Customer Interaction Center at 404-298-1228 (metro Atlanta) or 800-766-1456 (toll free) or attend one of the provider update training workshops being held in February. ▲

## Returning Provider Payments Received in Error

Some providers remain uncertain how to return payments. If you receive a payment in error, you can simply return the original check. If the check was already deposited or the payment was received electronically, you can return the payment by writing a refund check to DCH.

### Returning a Paper Check

If you receive a payment in error and have not deposited the original Department of Community Health check, write "VOID" across the signature and return it to the following address:

ACS  
P.O. Box 888386  
Atlanta, GA 30356

With the returned check, use your office or business letterhead and include a note that indicates the following two items:

1. The reason for the return. Please include any date that is relevant; for example, the date that the rendering provider was no longer affiliated with the payee.

2. The payment and claims that should be voided from your account.

### Issuing Your Own Refund Check

If you note a payment error on your remittance advice and the payment has already been deposited, or is an EFT (Electronic Funds Transfer) payment, you can write a refund check to the Department of Community Health.

Send refund checks by mail or courier to:

<b>Mail</b>	BRS-Refunds P. O. Box 277941 Atlanta, GA 30384-7941
<b>Courier/ Overnight</b>	Attn: Lockbox 277941 BRS Provider Refunds 6000 Feldwood Road College Park, GA 30349

The following sections provide detailed instructions on how to refund claims payments and EFT bank account payments.

**For refunds of claims payments made by paper checks**, please follow these guidelines:

- Make the check payable to Department of Community Health
- Send a copy of the remit page(s) to indicate the specific claim being refunded
- State the reason for the refund
- Include only information about the refund
- Include a contact name and number for the person sending the refund
- Send to "mail" or "courier" address above

For refunds of **EFT bank account payments**, please follow these guidelines:

- Make the check payable to Department of Community Health
- State that the check is a refund for an EFT bank payment received in error
- Include the provider payee number on the refund check
- Include a contact name and number of the person sending the refund
- Send to "mail" or "courier" address above. ▲

## February Provider Update Training

To complement mailing 1099s to providers, February's provider update workshops will primarily focus on the financial summary reports. The initial Payment Summary Reports were mailed to all payee providers last fall. Final reports will be mailed by January 31, 2004.

The workshops will help you understand advance payments, paid claims, recoupments and net receivable balances.

Workshop attendees will gain an understanding of the Payment Summary Report's content, which includes the following:

- All financial transactions as recorded in the ACS claims payment system
- The remittance advice number that contains supporting detail for each weekly payment cycle
- A year-to-date taxable income amount to be reported to the IRS
- The accounts receivable balance currently reflected in the ACS claims processing system

The workshops will also address the following topics:

- Provider enrollment file updates

- Auto assignment process, criteria and forms
- Prior authorization on the Web and paper
- GHP Web Portal functionality update
- Medicare crossovers
- System defects
- Mass adjustments

The class schedule and agenda are on the GHP Web Portal. To access this document, follow these steps:

1. Go to the GHP Web Portal ([www.ghp.georgia.gov](http://www.ghp.georgia.gov)).
2. Click the **Provider Information** tab.
3. In the Banner Messages box, click the **View Full List** link
4. Click the **February 2004 Workshops and Agenda** link.

**Note:** Please bring your claims, remittance advices and questions to the resolution room, which will be open to participants from 8:00 a.m. to 5:00 p.m. This room will be staffed with provider field representatives and other specialists who will research claims and enrollment concerns. ▲

## We Welcome Your Feedback

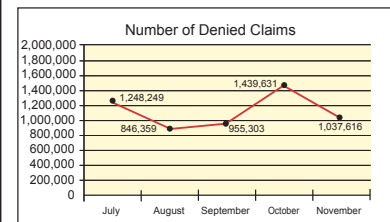
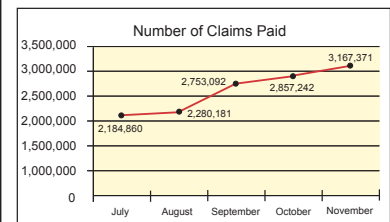
We are dedicated to making the **Provider Focus** a useful tool for you. If you have any comments or suggestions for the newsletter, please contact us at

**GA.comm.dept@acs-inc.com.**

If you have any other comments, please send them to

**GHP\_Public@acs-inc.com.** ▲

## December Claims Status Update



## February Workshop Schedule

Two three-hour Provider Update Workshops are held at each location: 9:00 a.m. - noon and 1:30 - 4:30 p.m. These workshops will focus on 1099 tax issues.

City	Date	Venue
Thomasville	Feb. 5	Quality Inn Conference Center (Hwy 19)
Augusta	Feb. 12	Radisson Riverfront Hotel
Atlanta	Feb. 19	Marriott Century Center Hotel
Carrollton	Feb. 24	Cultural Arts Center

To register, please visit the registration Web site at **[www.time2reg.com/ghpconferences](http://www.time2reg.com/ghpconferences)** or call toll free 877-660-2080. ▲

